



METRO-AG, INC. EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination based on race, religion, creed, color, sex, age, national origin, disability, or any other prohibited reason.

550 N. 2nd St.
P.O. Box 231
Breese, IL 62230
618-526-2341
618-526-2351 (fax)
metroag@metroag.com

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone	Home		E-mail Address			
	Cell					
Date Available				Desired Annual Salary		\$
Position Applied for			How did you learn of this position?			
Are you able to perform the duties of the job with or without reasonable accommodation?				Full-time Work <input type="checkbox"/>		Seasonal Work <input type="checkbox"/>
Will you work overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Special skills/training		
Are you legally eligible to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to lift 50 pounds?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Will you now, or in the future, require sponsorship for employment visa status (e.g., H-1B status)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.		
Have you ever applied for employment with us?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever worked for us?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		

EDUCATION

High School		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	

Employment History - Start with present or most recent employer. Drivers require 10 years history; please use the back of this form if necessary.

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

Military Service: Branch and Location						
Current military obligations?				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Honorable Discharge?	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Phone:

DISCLAIMER AND SIGNATURE

By signing below, I certify that the information provided in this Employment Application is true, correct and complete. I authorize investigation of all statements contained in this application. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I further understand that acceptance of an offer of employment with Metro-Ag, Inc. does not create a contract between me and Metro-Ag, Inc. to continue to employ me in the future and that my employment will be on an at-will basis. I understand that any offer of employment by Metro-Ag, Inc. is also contingent upon the successful completion of a **criminal background check and motor vehicle check** which I authorize should I be offered a position with Metro-Ag, Inc.

Finally, I understand Metro-Ag, Inc. participates in E-Verify and that it will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), information from each new employee's Form I-9 to confirm work authorization, and I hereby authorize these disclosures.

Applicant Signature				Date	
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